

Citation Issued To:

Citation No(s).:

CITY OF ROCKLIN

REQUEST FOR HEARING ADMINISTRATIVE CITATION

REQUEST MUST BE FILED WITHIN <u>30 DAYS</u> OF THE CITATION DATE <u>ALONG WITH THE ADVANCE DEPOSIT</u> OF THE FINE PAYABLE TO THE CITY OF ROCKLIN.

MAIL TO: City of Rocklin, City Clerk

3970 Rocklin Rd.

Rocklin, California 95677

Phone No. (include area code):

Citation Date(s):

(916) 625-5560

Violation Address:	
Person Attending Hearing:	Phone No.:
	(()
Mailing Address:	
Please explain your reason for believing this citation(s)	was issued in error:
Labolano condensa e e e e e e e e e e e e e e e e e e e	ant and information considered.
I declare under penalty of perjury that the foregoing statem	ent and information provided by me is true and correct.
SIGNATURE:	DATE:
(Cited Individual)	
Person to represent cited party at proceedi	ing, may be tenant, relative, or any designated proxy.
REQUEST FOR ADVANCE DEPOSIT HARDSHIP WAIVER	
·	ay request for an Advance Deposit Hardship Waiver
If requesting an Advance Deposit Hardship Waiver, yo	our waiver <u>must</u> be filed with the City Clerk <u>within 30 days</u> of the
If requesting an Advance Deposit Hardship Waiver, yo citation date. You <u>must</u> also provide an explanation	
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